



## EDITORIAL

# Let's face reality: More musings on the *Future of Family Medicine*

**F**amily physicians are impressive in their social commitment. We declare that we must increase the numbers going into family medicine residencies, and assert that the solution chosen for most of the world—a primary care-based health system—is what the US needs. I agree. But get with it: this is America! When have Americans done what is good for them instead of what they want?

I am afraid that many US citizens are happy with their non-primary care-based health system—even if it kills them. With today's enchantment with technology and choice, it's going to take more than a medical home and an electronic health record to convince them FPs are the foundation for the future. Let's halve our residency slots ("right-size" in today's business parlance) and, instead of bemoaning the decline in student interest in family medicine, tackle tasks more productive.

Let's ditch our Edsel of a curriculum that dates back to the sixties and really revamp our specialty training. Most of our residents will never deliver babies, yet we persist in an outmoded maternity care requirement. Many will not practice in the hospital, but we emphasize inpatient medicine. Let's capitalize on the fact that we are an outpatient-based specialty and require our residents to spend most of their time in our offices. Let's really train residents in quality improvement and outcomes measurement; let's construct options for subspecialty experiences that might bring economic, or at least intellectual, value to our trainees. How about family physician experts in diabetes or asthma care? Or what about—horrors—paths to specialization, the current lack of which is commonly cited by students when they explain their choice of pediatrics or internal medicine rather than family medicine?

Recall the origin of the *Future of Family Medicine* project: much of the conclusions are based on consumer focus groups, not the interests of our prospective residents. The New Model of Practice we are touting holds little excitement for a generation that grew up with computers, want a balanced lifestyle, and wouldn't mind a specialty that doesn't make them go into 6-figure debt.

But the economics will improve, you counter? I guess these students all come from Missouri, and see that we drive Chevys and not Porsches. To attract new students, let's ask them what they want, and not tell them what we think they need.

I am not saying we should give up on reforming the health care system (although we might first think about consolidating our discipline's fragmented alphabet soup of organizations), or that we consider disruptive innovation. Rather, if we truly believe what works well for Proctor and Gamble in designing a new diaper should be applied to our discipline's future, then it's time to heed the feedback of our "customers": our patients and our students. Let's face reality.

  
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